

EXEMPTION APPLICATION



in association with



Applications for exemptions are subject to MIBT's policy *Recognition of Prior Learning*. Section 7 of this policy requires an application to be submitted in a student's first trimester of study by **no later than the official trimester finish date**. Applications after this date will not be accepted. The applicant should not enrol in the unit(s) for which exemptions are applied for. Exemptions will not be granted if the applicant has enrolled in that/those unit(s).

Please complete all sections

Mr / Ms / Mrs _____
(Family Name) (Given Names)

Address: _____

Telephone: _____ Mobile: _____

Email: _____

MIBT Course: _____ MIBT Student ID: _____

I wish to apply for the exemptions in the following units:

Documentary evidence (original or certified copies of results and unit outlines) must be provided with this application. Exemptions cannot be awarded retrospectively.

All Sections **must** be completed.

MIBT UNIT CODE	MIBT UNIT NAME	NAME OF COLLEGE OR UNIVERSITY WHERE PREVIOUS STUDY WAS COMPLETED	UNIT NAME AND CODE OF PREVIOUS STUDY	APPROVED YES/NO (Office Use Only)

I declare that the information and supporting documents provided by me in this application are true and correct in every particular. My signature below authorises my previous College or University listed above to verify the documents provided by me to MIBT and to provide MIBT with any information that may be necessary for the processing of my application for exemptions. I acknowledge that the provision of incorrect information or the withholding of information relating to my application may result in the cancellation by MIBT of any offer or enrolment.

Student Signature: _____ Date: _____

Please return this completed form to MIBT by:
MAIL: Melbourne Institute of Business and Technology Pty Ltd
 At Deakin University, 221 Burwood Highway, Burwood VIC 3125 Australia
 or **FAX:** + 61 3 9244 5198 or **EMAIL:** mibt@deakin.edu.au

Office Use Only

Transcript of Results Attached With Application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unit outlines attached with application	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application sent to Deakin University	Date:	_____
Student/Agent notified of outcome of application	Date:	_____
Outcome letter placed on student file or faxed to Agent	Date:	_____
Exemptions entered on MAZE	Date:	_____
MIBT CoE(s) updated	Date:	_____
Deakin CoE updated	Date:	_____
Adjustment of student fees: Forfeit Fee Refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fees Transferred to Following Semester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	_____	
